PERSONAL EXPLANATION

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 24, 2000

Mr. McINNIS. Mr. Speaker, due to business in Colorado, I was unable to vote on the Hostettler amendment to H.R. 4871, making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2001 (Roll No. 427). Had I been able to vote, I would have voted "yea."

INTERNET GAMBLING PROHIBITION ACT OF 2000

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, July 24, 2000

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today to speak on a topic that surrounds the dynamic questions raised by the extensive growth and reach of the internet. The information superhighway and the entire technological revolution have forced the Congress and industry officials to reexamine the regulation of internet gambling.

Under current federal law, it is unclear that using Internet to operate a gambling business is illegal. Gambling over the Internet only represents nefarious activity that we must only carefully examine, but such gambling also perpetuates the addictive nature of gambling.

It is well known that many gamblers are compulsive gamblers. In other words, they fell compelled to gamble, just as many smokers feel compelled to smoke cigarettes. Access fuels such additions, and by providing gambling sites over the Internet, illegal entities create access to anyone who owns a computer with a modem.

On-Line casino operators have created "virtual strip"—where gamblers who are tired of one casino can simply "walk" down the virtual Internet boardwalk into a different casino. Internet gambling sites offer everything from sports betting to blackjack. Many of these are operated from offshore locations. It is significant to note that H.R. 3125 would impose a mandate on Internet service providers by requiring them to offer their residential customers filtering software that would block access by children to gambling Internet sites. It is crucial that we protect our children from such activity.

Given the fact that the majority of our citizens have access to computers and the Internet, we must ensure that the Internet is used for the right reasons such as education and communication. We cannot forget that people utilize the Internet in a global marketplace of ideas.

This measure prohibits a person from knowingly using the Internet or any other interactive service to place, receive, or otherwise make a bet or wager with any other person. H.R. 3125, the Internet Gambling Prohibition Act of 2000, would prohibit persons engaged in a gambling business from using the Internet or any other interactive computer service place,

receive, or otherwise make a bet or wager, or send, receive, or invite information assisting in the placing of a bet or wager.

More importantly, the bill addresses not only individual gamblers, but also gambling businesses. For those gambling businesses that choose to participate in Internet gambling, they face fines up to \$20,000 or imprisonment (up to 4 years).

This bill would also require common carriers and Internet services to assist federal, state, and local enforcement agencies in shutting down illegal betting or wagering sites.

We must toe the line when we enforce this measure. We do not want to trample upon the privacy rights of individuals. However, as long as the enforcement of a "gambling business" defined the legislation is not expanded by law enforcement authorities, it will help protect many parties from destructive and illegal conduct.

We must adopt a model of enforcement that provides uniformity and specificity so that the Internet carriers and telephone companies can easily and efficiently remove gambling sites from the Internet. It is my expectation that this legislation, after reconciliation with S. 692, the Senate-version of this bill, will make a positive contribution to the regulation of gambling businesses.

INTRODUCTION OF THE MEDICARE EARLY ACCESS AND TAX CREDIT ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 24, 2000

Mr. STARK. Mr. Speaker, more and more people in this country are losing access to health insurance. A new study by the Urban Institutes that the percentage of people under 65 without health insurance in 1998 grew to a stunning 18.4 percent. And, as the study's authors highlight, the strong national economy is masking what would otherwise be an even greater problem.

There are many approaches to solutions for decreasing the number of uninsured. As most of my colleagues are aware, I support the creation of a universal health care system in which each and every American would have health insurance coverage. That is the most fair, affordable, and sustainable solution to our national health care needs.

However, that won't be accomplished overnight. In the meantime, there are steps that Congress can and should be taking to develop immediate, if smaller, solutions to providing people affordable health insurance coverage options.

One such is to pass legislation that would provide certain groups of individuals the option of buying into Medicare. For two sessions of Congress, we have sponsored a bill endorsed by the President called the Medicare Early Access Act. The goal of this legislation is to expand access to Medicare's purchasing power to certain individuals below age 65.

The Medicare Early Access Act is self-financed, through enrollees' premiums; it is not a publicly financed program. It simply would enable eligible individuals to harness Medicare's clout in the marketplace to get much more affordable health coverage than they are able to purchase in the private sector market that currently exists.

The bill would provide a very vulnerable population (age 55–64) with three new options to obtain health insurance:

Individuals 62–65 years old with no access to health insurance could buy into Medicare by paying a base premium (about \$326 a month) during those pre-Medicare eligibility years and a deferred premium during their post-65 Medicare enrollment (about \$4 per month in 2005 for an individual who participated in the full 3 years of the new program). The deferred premium is designed to reimburse Medicare for the extra costs due to the fact that sicker than average people are likely to enroll in the program. The deferred premium would be payable out of the enrollee's Social Security check between the ages of 65–85.

Individuals 55–62 years old who have been laid off and have no access to health insurance, as well as their spouse, could buy into Medicare by paying a monthly premium (about \$460 a month). There would be no deferred premium. Certain eligibility requirements would apply.

Retirees aged 55 or older whose employersponsored coverage is terminated could buy into their employee's health insurance for active workers at 125 percent of the group rate. This would be a COBRA expansion, with no relationship to Medicare.

Today, we are here to introduce a new, improved version of this legislation. As we are all aware, there are new projections of vast budget surpluses in our Nation's future. We want to take a small portion of those monies and finance a new component of the Medicare Early Access Act. Our new bill, the Medicare Early Access and Tax Credit Act of 2000 supplements our previous proposal by incorporating a new 25 percent tax credit that would be attached to each of the three programs. Thus, the actual cost to taxpayers would be 25 percent less than the cost under the proposals in the existing bill. I join today with more than 50 of my colleagues to reintroduce this new version of the legislation.

Affordability is a key component of expanding health insurance coverage. Adding a tax credit to the programs increases their affordability so that more people age 55 and older can take advantage of the program. The latest analysis from the Congressional Budget Office and the Joint Committee on Taxation, indicate that more than 500,000 currently uninsured people would gain health insurance coverage by enactment of the Medicare Early Access and Tax Credit Act.

The Medicare Early Access and Tax Credit Act isn't the total solution for people age 55–64 who lack access to health insurance coverage. However, if passed, it would make available health insurance options for these individuals at much less than the cost of what is available today. This is a meaningful step forward in expanding health insurance coverage to a segment of our population that is quickly losing coverage in the private sector. The Medicare Early Access and Tax Credit Act is legislation that we should be able to agree upon and to enact so that people aged 55–64 have a new, viable option for health insurance coverage.

I submit a more detailed summary of the Medicare Early Access and Tax Credit Act as follows: